



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

December 30, 2020

Catharine Cummer
Catharine.cummer@duke.edu

Exempt from Review – Replacement Equipment

Record #: 3456
Date of Request: December 29, 2020
Facility Name: Duke University Hospital
FID #: 943138
Business Name: Duke University Health System, Inc.
Business #: 640
Project Description: Replace existing x-ray equipment
County: Durham

Dear Ms. Cummer:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(a)(7). Therefore, you may proceed to acquire without a certificate of need the EOS Acquisition System to replace the Phillips Detector Digital Diagnostic Dual x-ray equipment (serial # BJ485850000a). This determination is based on your representations that the existing unit will be relocated to another radiology clinic, where it will replace a third machine that will be taken out of service and will not be used again in the State without first obtaining a certificate of need if one is required.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Handwritten signature of Kim Meymandi

Kim Meymandi
Project Analyst

Handwritten signature of Lisa Pittman

Lisa Pittman
Assistant Chief, Certificate of Need

cc: Radiation Protection Section, DHSR
Construction Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873



Catharine W. Cummer
Regulatory Counsel, Strategic Planning

December 23, 2020

Via Electronic Mail

Ms. Martha Frisone
Ms. Kimberly Meymandi
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Equipment Replacement Project at Duke University Hospital – X-Ray Equipment

Dear Ms. Frisone and Ms. Meymandi:

I am writing to provide you with prior written notice of the planned acquisition of X-ray equipment at Duke University Hospital. Duke University Hospital (DUH) intends to replace existing X-ray equipment located in the Duke Spine Center in Duke South Clinic 1B/1C. As set forth in the enclosed equipment comparison form, the new equipment will replace existing equipment that will be relocated to another radiology clinic, where it will replace a third machine that will be taken out of service. All existing and replacement equipment provide X-ray imaging services. A completed equipment comparison form and capital cost form are enclosed. The total project cost is less than \$2 million. The vendor's quote for the new equipment is available for your review upon request.

It is our understanding that with this prior notice, this acquisition is exempt from certificate of need review as the acquisition of replacement equipment pursuant to N.C.G.S. Section 131E-184, and we accordingly intend to proceed immediately with this project. If you have any questions, please let me know as soon as possible.

Thank you for your attention to this matter. Should you have any questions, please let me know.

Very truly yours,

Catharine W. Cummer

Catharine W. Cummer

Enclosures

From: [Catharine Cummer](#)
To: [Meymandi, Kimberly](#)
Cc: [Lara Orgain](#)
Subject: RE: [External] Replacement equipment notice
Date: Tuesday, December 29, 2020 9:33:42 AM
Attachments: [image002.jpg](#)
[image003.jpg](#)

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Thanks Kim. Yes, this will confirm that the equipment to be retired will be taken out of service in the state. Thanks!

Catharine

Catharine Cummer

Regulatory Counsel, Strategic Planning, Duke University Health System

3100 Tower Blvd, Suite 1300, Durham NC 27707

catharine.cummer@duke.edu | DukeHealth.org | (919) 668-0857 (office) | (919) 423-6928 (cell)

In support of Duke Health's values, I stand for Black lives and against systemic racism.



From: Meymandi, Kimberly <kim.meymandi@dhhs.nc.gov>

Sent: Tuesday, December 29, 2020 9:28 AM

To: Catharine Cummer <catharine.cummer@duke.edu>

Cc: Lara Orgain <lara.orgain@duke.edu>

Subject: RE: [External] Replacement equipment notice

Good morning Catharine,

Hope you have been enjoying the holidays.

Regarding the exemption request submitted below for x-ray equipment replacement at Duke University Hospital, please confirm that the existing equipment which you state will be retired shall be sold or otherwise disposed of and will not be used again in the State without first obtaining a Certificate of Need if one is required.

Thanks so much,

Kim

Kim Meymandi

Project Analyst, Certificate of Need

[Division of Health Service Regulation](#), [Healthcare Planning and Certificate of Need Section](#)

[NC Department of Health and Human Services](#)

Help protect your family and neighbors from COVID-19.

[Know the 3 Ws. Wear. Wait. Wash.](#)

#StayStrongNC and get the latest at nc.gov/covid19.

Office: 919-855-4665

Kim.Meymandi@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building

2704 Mail Service Center

Raleigh, NC 27699-2704

[Twitter](#) | [Facebook](#) | [YouTube](#) | [LinkedIn](#)

From: Catharine Cummer <catharine.cummer@duke.edu>

Sent: Wednesday, December 23, 2020 6:17 PM

To: Frisone, Martha <martha.frisone@dhhs.nc.gov>; Meymandi, Kimberly <kim.meymandi@dhhs.nc.gov>; Waller, Martha K <martha.waller@dhhs.nc.gov>
Cc: Lara Orgain <lara.orgain@duke.edu>
Subject: [External] Replacement equipment notice

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Ladies,

Attached please find an exemption notice for x-ray equipment at Duke University Hospital. Please let me know if you have any questions. I hope you all have lovely holidays and a happy new year.

Catharine

Catharine Cummer

Regulatory Counsel, Strategic Planning, Duke University Health System

3100 Tower Blvd, Suite 1300, Durham NC 27707

catharine.cummer@duke.edu | DukeHealth.org | (919) 668-0857 (office) | (919) 423-6928 (cell)

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EQUIPMENT COMPARISON

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type of Equipment (List Each Component)		
Manufacturer of Equipment		
Tesla Rating for MRIs		
Model Number		
Serial Number		
Provider's Method of Identifying Equipment		
Specify if Mobile or Fixed		
Mobile Trailer Serial Number/VIN #		
Mobile Tractor Serial Number/VIN #		
Date of Acquisition of Each Component		
Does Provider Hold Title to Equipment or Have a Capital Lease?		
Specify if Equipment Was/Is New or Used When Acquired		
Total Capital Cost of Project (Including Construction, etc.) <Use Attached Form>		
Total Cost of Equipment		
Fair Market Value of Equipment		
Net Purchase Price of Equipment		
Locations Where Operated		
Number Days In Use/To be Used in N.C. Per Year	365	365
Percent of Change in Patient Charges (by Procedure)	NA	0
Percent of Change in Per Procedure Operating Expenses (by Procedure)	NA	0
Type of Procedures Currently Performed on Existing Equipment		NA
Type of Procedures New Equipment is Capable of Performing	NA	

PROPOSED TOTAL CAPITAL COST OF PROJECT

Project Name:

Provider/Company:

A. Site Costs

(1) Full purchase price of land		\$ _____	
Acres _____ Price per Acre \$ _____			
(2) Closing costs		\$ _____	
(3) Site Inspection and Survey		\$ _____	
(4) Legal fees and subsoil investigation		\$ _____	
(5) Site Preparation Costs			
Soil Borings.....	\$ _____		
Clearing-Earthwork...	\$ _____		
Fine Grade For Slab...	\$ _____		
Roads-Paving.....	\$ _____		
Concrete Sidewalks....	\$ _____		
Water and Sewer.....	\$ _____		
Footing Excavation....	\$ _____		
Footing Backfill.....	\$ _____		
Termite Treatment....	\$ _____		
Other (Specify).....	\$ _____		
Sub-Total Site Preparation Costs		\$ _____	
(6) Other (Specify)		\$ _____	
(7) Sub-Total Site Costs			\$ _____

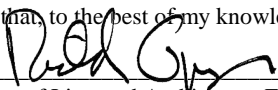
B. Construction Contract

(8) Cost of Materials			
General Requirements	\$ 12,637__		
Concrete/Masonry	\$ 2,689__		
Woods/Doors & Windows/Finishes	\$ 10,202__		
Thermal & Moisture Protection	\$ 0__		
Equipment/Specialty Items	\$ 172__		
Mechanical/Electrical	\$ 44,252__		
Other (Demolition)	\$ 1,396__		
Sub-Total Cost of Materials.....		\$ 0__	
(9) Cost of Labor.....		\$ 22,747__	
(10) Other (Specify).....		\$ 0__	
(11) Sub-Total Construction Contract			\$ 94,095__

C. Miscellaneous Project Costs

(12) Building Purchase.....		\$ 0__	
(13) Fixed Equipment Purchase/Lease		\$ 675,000__	
(14) Movable Equipment Purchase/Lease		\$ 0__	
(15) Furniture		\$ 4,000__	
(16) Landscaping		\$ 0__	
(17) Consultant Fees			
Architect and Engineering Fees	\$ 39,700__		
Legal Fees.....	\$ 0__		
Market Analysis.....	\$ 0__		
Other (Admin).....	\$ 9,750__		
Other (Tech).....	\$ 25,000__		
Sub-Total Consultant Fees.....		\$ 0__	
(18) Financing Costs (e.g. Bond, Loan, etc.).		\$ 0__	
(19) Interest During Construction.		\$ 0__	
(20) Other (Contingency)		\$ 35,455__	
(21) Sub-Total Miscellaneous..			\$ 788,905__
(22) Total Capital Cost of Project (Sum A-C above)			\$ 883,000__

I certify that, to the best of my knowledge, the costs of the proposed project named above are complete and correct.

 **RGG Architects, PLLC** Date Certified: 12/10/2020
 (Signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

_____ Date Signed: _____
 (Signature and Title of Officer Authorized to Represent Provider/Company)

EQUIPMENT COMPARISON – DUKE UNIVERSITY HOSPITAL X-RAY

	EXISTING EQUIPMENT TO BE RETIRED (ASSET #148799)	EXISTING EQUIPMENT TO BE RELOCATED (ASSET #166973)	NEW/REPLACEMENT EOS IMAGING EQUIPMENT
Type of Equipment (List Each Component)	Xray System	Xray System	XRAY System
Manufacturer of Equipment	Phillips	Phillips	EOS Imaging
Tesla Rating for MRIs	N/A	N/A	N/A
Model Number	Detector Digital Diagnostic Dual	Detector Digital Diagnostic 3.0	EOS Acquisition System
Serial Number	8010249	BJ485850000a	TBD
Provider's Method of Identifying Equipment	Duke South Clinic; Rm 15 Asset Tag #148799	Duke Clinic 1B/1C; Rm 1971 Asset Tag #166973	Duke Clinic 1B/1C; Rm 1971 Asset Tag #TBD
Specify if Mobile or Fixed	Fixed	Fixed	Fixed
Mobile Trailer Serial Number/VIN #	N/A	N/A	N/A
Mobile Tractor Serial Number/VIN #	N/A	N/A	N/A
Date of Acquisition of Each Component	Jun-08	Jan-13	ESTIMATED Mar-21
Does Provider Hold Title to Equipment or Have a Capital Lease?	Hold Title	Hold Title	Hold Title
Specify if Equipment Was/Is New or Used When Acquired	New	New	New
Total Capital Cost of Project (Including Construction, etc.) <Use Attached Form>	\$307,658	\$398,512	\$883,000
Total Cost of Equipment	\$307,658	\$398,512	\$675,000
Fair Market Value of Equipment			\$675,000
Net Purchase Price of Equipment	\$307,658	\$398,512	\$675,000

Locations Where Operated	IS CURR. OPERATED IN: Duke South Clinic; Rm 15 WILL BE RETIRED	IS CURR. OPERATED IN: Duke Clinic 1B1C, Rm 1971 WILL BE OPERATED IN: Duke South Clinic; Rm 15	WILL BE OPERATED IN: Duke Clinic 1B1C, Rm 1971
Number Days In Use/To be Used in N.C. Per Year	0	365	365
Percent of Change in Patient Charges (by Procedure)	0	0	0
Percent of Change in Per Procedure Operating Expenses (by Procedure)	0	0	0
Type of Procedures Currently Performed on Existing Equipment	Xrays	Xrays	NA
Type of Procedures New Equipment is Capable of Performing	NA	Xrays	Xrays